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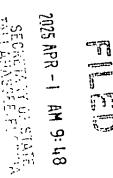
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to F	ilina Officer	<u> </u>

Office Use Only



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COVER LETTER

	gistration Sec vision of Corp			
		s Carpentry LLC		4
SUBJECT:		Name of Limi	ted Liability Company	
		Amendment and fee(s) are subt		
Please return	n all correspo	ndence concerning this matter t	to the following:	
		Keivin Estevez		
			Name of Person	
		Miami Kings Carpentry LL	·C	2025 APR -1 AH 9: 48 SECTION OF STATE TALL AND A STATE TA
			Firm/Company	20
		10744 SW 173 TERRACE		121, 2 22, 42
			Address	60 0
		MIAMI,FL 33157		8. 1.3 8. 1.3
			City/State and Zip Code	
		MIAMIKINGSCARPENTR	—	<u> </u>
			to be used for future annual report notific	cation)
For further	information c	oncerning this matter, please ca	all:	
KEIVIN ES	STEVEZ		786 7601237	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	he following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
	ailing Addre egistration		Street Address: Registration Sec	tion
D	ivision of C	Corporations	Division of Corp	porations
	.O. Box 632 allahassee.		The Centre of Ta	allahassee Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miami Kings Carpentry LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record I Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on 12/22/2021	and assigned
lorida document number L22000000595		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lix	ability company here:	
FruVision Renovations LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		: 53
• •		2025 T-SE
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		20
		2507
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		्रिल ं
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	338
	C)	lorida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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iote: If the date inserted in this blo-	ck does not meet the appli	cable statutory filir	nore than 90 days and ng requirements, th	is date will	not be li	isted as t
ocument's effective date on the Dep	partment of State's record	S.				
	date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90t	h day ai	fter the
	···					
record specifies a delayed effective l is filed. March 21 Pated	2025	/	,			
l is filed. March 21 Pated	2025	- Las	e of a member			